



## **INTEGRATED BILLING (IB)**

### **RELEASE NOTES**

**IB\*2\*228**

**JANUARY 2, 2004**

## IB\*2\*228

### Product Enhancements

#### Inpatient Professional Services Functionality added to IB Screen <4>

IB\*2\*228 introduces new functionality to the Enter/Edit Billing Information [IB EDIT BILLING INFO] menu option for the capture of inpatient bedside professional services. After a user completes an inpatient institutional bill they will be presented with the customary message stating the institutional bill may have corresponding professional charges and a bill will be created, at which time the professional bill should be selected:

This Inpatient INSTITUTIONAL bill may have corresponding PROFESSIONAL charges.  
Creating an Inpatient PROFESSIONAL bill.

Passing bill to Accounts Receivable Module...  
Billing Record #K4000YT being established for 'TEST,KEN ELVIRA'...  
Cross-referencing new billing entry...

Billing Record #K4000YT established for 'TEST,KEN ELVIRA'...

Enter BILL NUMBER or PATIENT NAME: K4000YT <return>

The user will then be displayed the typical billing screens 1, 2 and 3 to review and update as needed. When the user gets to SCREEN 4 to bill for professional services coded in the PTF Screen <801>, they will not need to select ICD-9 diagnosis codes. They will be able to go directly to coding method (Cod. Method) option [4]. and select the coding method of HCPCS to view the PTF information:

## Integrated Billing Screen 4

TEST,KEN ELVIRA	456-45-4564	BILL#: K4000YT - Inpat/HCFA	<b>SCREEN &lt;4&gt;</b>
=====			
EVENT - INPATIENT INFORMATION			
PTF record status: OPEN			
[1] Admission	: Jan 27, 2004 11:55:26 am	Accident Hour: UNSPECIFIED	
Source	: CLINIC REFERRAL	Type: URGENT	
SNF Care	: UNSPECIFIED [NOT REQUIRED]		
[2] Discharge	: JAN 27,2004@12:02:44		
Status	: DISCHARGED TO HOME OR SELF CARE		
[3] Prin. Diag.	: MALIGNANT HYPERTENSION - 401.0		
[4] Cod. Method	: ICD-9-CM		
[5] Pros. Items	: UNSPECIFIED [NOT REQUIRED]		
[6] Occ. Code	: ONSET OF SYMPTOMS/ILLNESS	JAN 27,2004	
[7] Cond. Code	: UNSPECIFIED [NOT REQUIRED]		
<8> Value Code	: UNSPECIFIED [NOT REQUIRED]		
<RET> to CONTINUE, 1-8 to EDIT, '^N' for screen N, or '^' to QUIT: 4			
PROCEDURE CODING METHOD: ICD-9-CM// <u>5 &lt;return&gt;</u> <b>HCPCS</b> (HCFA COMMON PROCEDURE CODING SYSTEM)			
<b>OPERATION/PROCEDURE SCREEN</b>			
Prof Svc Date: JAN 27,2004			
A1-11001 DEBRIDE INFECTED SKIN AD			
<b>A2-16010(SC)TREATMENT OF BURN(S)</b>			
Select PROCEDURE:			

Users will be able to view if procedures are associated to SC or any environmental conditions as specified in the PTF 801 screen. Notice procedure A2 (16010) above.

From here users can select the corresponding code of the Prof. Ser. Date to be billed, such as A1. This will automatically populate all related information as stored in the PTF 801, including up to 4 ICD-9 diagnosis codes, associating provider, associating location and division. The place of service and type of service will still need to be populated.

Select PROCEDURE: A1 <return>

Searching for a CPT, (pointed-to by PROCEDURES)

Searching for a CPT

11001 DEBRIDE INFECTED SKIN ADD-ON

...OK? Yes// (Yes)

Adding associated dx: 711.07 PYOGEN ARTHRITIS-ANKLE

Adding associated dx: 711.00 PYOGEN ARTHRITIS-UNSPEC

Adding associated dx: 711.01 PYOGEN ARTHRITIS-SHLDER

Adding associated dx: 711.02 PYOGEN ARTHRITIS-UP/ARM

Associating Provider: JONES,BILL

Assigning Location: OR1

PROCEDURES: 11001// <return>

Select CPT MODIFIER SEQUENCE: <return>

PROVIDER: JONES,BILL// <return>

ASSOCIATED CLINIC: OR1// <return>

DIVISION: BAY PINES// <return> 516

**PLACE OF SERVICE: 21 <return>** INPATIENT HOSPITAL

**TYPE OF SERVICE: 1 <return>** MEDICAL CARE

EMERGENCY PROCEDURE?: NO// <return> NO

PRINT ORDER: <return>

```

----- Existing Diagnoses for Bill -----
1.      711.07      PYOGEN ARTHRITIS-ANKLE      (1)
2.      711.00      PYOGEN ARTHRITIS-UNSPEC      (2)
3.      711.01      PYOGEN ARTHRITIS-SHLDER      (3)
4.      711.02      PYOGEN ARTHRITIS-UP/ARM      (4)

```

\*\*\* Please select procedure diagnoses by number to left of diagnosis code \*\*\*  
 Current Values: Dx 1: 1 - 711.07 Dx 2: 2 - 711.00 Dx 3: 3 - 711.01 Dx 4:  
 4 - 711.02

Associated Diagnosis (1): 1 - 711.07 // <return>

Associated Diagnosis (2): 2 - 711.00 // <return>

Associated Diagnosis (3): 3 - 711.01 // <return>

Associated Diagnosis (4): 4 - 711.02 // <return>

PURCHASED COST: <return>

HCFA BOX 24K (LOCAL USE ONLY): <return>

SERVICE LINE COMMENT: <return>

EDIT HCFA 1500 SPECIAL PROGRAM FIELDS and BOX 19?: NO// <return>

Select PROCEDURE: <return>

Select PROCEDURE DATE (1/27/04-1/27/04): <return>

Removing old Revenue Codes and Rate Schedules...

Updating Revenue Codes and Charges

	Rev Code	Units	Charge	Bedsection	
Adding	960	1	\$ 84.00	SURGICAL CARE	11001

## Screen <4>

TEST,KEN ELVIRA 456-45-4564 BILL#: K4000YT - Inpat/HCFA

SCREEN <4>

=====

### EVENT - INPATIENT INFORMATION

PTF record status: OPEN

[1] Admission : Jan 27, 2004 11:55:26 am Accident Hour: UNSPECIFIED  
Source : CLINIC REFERRAL Type: URGENT  
SNF Care : UNSPECIFIED [NOT REQUIRED]

[2] Discharge : JAN 27,2004@12:02:44  
Status : DISCHARGED TO HOME OR SELF CARE

[3] Prin. Diag.: PYOGEN ARTHRITIS-ANKLE - 711.07  
Other Diag.: PYOGEN ARTHRITIS-UNSPEC - 711.00  
Other Diag.: PYOGEN ARTHRITIS-SHLDER - 711.01  
Other Diag.: PYOGEN ARTHRITIS-UP/ARM - 711.02

[4] Cod. Method: HCPCS  
CPT Code : DEBRIDE INFECTED SKIN ADD-ON 11001 711.07 JAN 27, 2004

[5] Pros. Items: UNSPECIFIED [NOT REQUIRED]

[6] Occ. Code : ONSET OF SYMPTOMS/ILLNESS JAN 27,2004

[7] Cond. Code : UNSPECIFIED [NOT REQUIRED]

<8> Value Code : UNSPECIFIED [NOT REQUIRED]

<RET> to CONTINUE, 1-8 to EDIT, '^N' for screen N, or '^' to QUIT:

Finally on screen 8 users will need to populate the RENDERING provider. To assist in this entry, users will be able to utilize the “space bar return” feature within VistA to select the provider that was associated with the procedures in Screen [4].

### Integrated Billing - Screen <8>

```
TEST,KEN ELVIRA    456-45-4564    BILL#: K4000YT - Inpat/HCFA    SCREEN <8>
=====
                                BILLING - SPECIFIC INFORMATION
[1] Unable To Work From: UNSPECIFIED [NOT REQUIRED]
    Unable To Work To   : UNSPECIFIED [NOT REQUIRED]
[2] Admitting Dx       : 401.0 - MALIGNANT HYPERTENSION
    ICN/DCN(s)         : UNSPECIFIED [NOT REQUIRED]
    Tx Auth. Code(s)   : UNSPECIFIED [NOT REQUIRED]
[3] Providers         :
    - RENDERING        : UNSPECIFIED
[4] Non-VA Facility    : UNSPECIFIED [NOT REQUIRED]
[5] Form Locator 19    : UNSPECIFIED [NOT REQUIRED]
[6] Print Main Facility Box 32: UNSPECIFIED [NOT REQUIRED]
    Force To Print?    : NO FORCED PRINT
[7] Provider ID Maint  : (Edit Provider ID information)

<RET> to CONTINUE, 1-7 to EDIT, '^N' for screen N, or '^' to QUIT: 3 <return>
Select FUNCTION: 3 <return>    (3    RENDERING)
FUNCTION PERFORMED BY: <space bar, return>

    Searching for a VistA identified provider
JONES,BILL        BJ        111        RESIDENT PHYSICIAN
...OK? Yes// <return>    (Yes)
PERFORMED BY: JONES,BILL// <return>
    Prov Specialty On File: 01
CREDENTIALS: <return>
PRIMARY INS CO ID NUMBER: 59-3206683// <return>
Select FUNCTION:
```